| AMEN | Docket No. 3939-0120PUS1 | | | | | | | | | | |
|---|---|---|-----------------------------------|---------------------------------|---|------------------|--|--|--|--|--|
| Application No. 10/590,976-Conf. #2609 | | Filing I August 2 | | Examiner Y. L. Chu | | Art Unit 1626 | | | | | |
| Applicant(s): Yas | | | | | *************************************** | ****** | | | | | |
| | OSITION CON LIZING BENZA | | | DERIVATIVE AND M | IETHOD I | FOR | | | | | |
| MS RCE Commissioner for P.O. Box 1450 Alexandria, VA 223 | 313-1450 | | | | | | | | | | |
| Transmitted here The fee has beer | | | | • • | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | , | | | | | | |
| Total Claims | 11 | - 20 = | | х | | | | | | | |
| Independent Claims | 4 | - 4 = | | × | | | | | | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | | | | | |
| Other fee (pleas | Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114) 810.00 | | | | | | | | | | |
| TOTAL ADDIT | | 810.00 | | | | | | | | | |
| x Large Entity | | | | Small Entity | | | | | | | |
| No additiona | al fee is require | d for this amer | ndment. | <u></u> | | | | | | | |
| X Please charge Deposit Account No. 02-2448 in the amount of \$ 810.00 . A duplicate copy of this sheet is enclosed. | | | | | | | | | | | |
| A check in th | ne amount of \$ | | is enclo | sed. | | | | | | | |
| Payment by | credit card. Fo | orm PTO-2038 | is attached. | | | | | | | | |
| | ris hereby auth d below. A dup | | | Deposit Account No enclosed. | 002 | -2448 | | | | | |
| x Credit a | ny overpaymer | nt. | | | | | | | | | |
| X Charge | any additional fil | ing or applicatio | n processing | fees required under 3 | 37 CFR 1. | 16 and 1.17. | | | | | |
| Dated: MAR 2 6 2009 | | | | | | | | | | | |
| John W. Bailey Attorney Reg. N | | | | | | | | | | | |
| BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 | e Road | | LP | | | | | | | | |
| Falls Church, V (703) 205-8000 | | U/4/ | | | | | | | | | |

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork Reduction Act of | 1995, no person are requi | red to respond t | o a collection | | | | B control number | | | | | | |
|--|------------------------------|------------------------|---------------------------|------------------------|------------------------|-------------|--------------------------|--|--|--|--|--|--|
| Effective on 12/08/ | | Complete if Known | | | | | | | | | | | |
| Fees pursuant to the Consolidated Approp | | Application Number | | 10/590,976-Conf. #2609 | | | | | | | | | |
| FEE TRANS | | Filing Date | | August 28, 2006 | | | | | | | | | |
| For FY 20 | | First Named Inventor | | Yasuyuki SUZUKI | | | | | | | | | |
| | Examir | ner Name | | Y. L. Chu | | | | | | | | | |
| Applicant claims small entity stat | Art Uni | t | | 1626 | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | Attome | y Docket N | lo. (| 3939-0120PUS | 3 1 | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | |
| Fi | LING FEES | SEARCH I | FEES | EXAMIN | NATION FEES | | | | | | | | |
| Application Type Fee (\$ | Small Entity | | II Entity | Fee (\$) | Small Entity | Econ | Daid (¢) | | | | | | |
| Application Type Fee (\$ Utility 330 | | | ee (\$) 270 | 220 | <u>Fee (\$)</u> 110 | rees | Paid (\$) | | | | | | |
| 1 | | 100 | 50 | 140 | 70 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | 165 | 170 | 85 | | | | | | | | |
| Reissue 330 | | | 270 | 650 | 325 | | | | | | | | |
| Provisional 220 | 110 | 0 | 0 | 0 | 0 | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | Fee (\$) | Small Entity Fee (\$) | | | | | | |
| Fee Description Each claim over 20 (including Reiss | uac) | | | | | 52 | 26 | | | | | | |
| Each independent claim over 3 (incl | | | | | 220 | 110 | | | | | | | |
| Multiple dependent claims | uding Reissues) | | | | | 390 | 195 | | | | | | |
| Total Claims Extra Claim | c Foo (\$) | Fee Paid | /¢\ | м | lultiple Depende | | | | | | | | |
| 11 - 20 or HP | s <u>Fee (\$)</u> x = | i ee raiu | (4) | | | ee Paid (| - | | | | | | |
| HP = highest number of total claims paid fo | | | | 1.6 | <u>. 141</u> | co i aia i | 41 | | | | | | |
| Indep. Claims Extra Claims Fee (\$) | | Fee Paid (\$) | | | | | _ | | | | | | |
| 4 -4 or HP = x = | | | (+/ | | | | | | | | | | |
| HP = highest number of independent claims | paid for, if greater than 3. | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | |
| If the specification and drawings e. | ceed 100 sheets of pa | aper (excludi | ng electro | nically fil | led sequence or | computer | | | | | | | |
| listings under 37 CFR 1.52(e)), | | | | r small er | ntity) for each ac | lditional 5 | 0 | | | | | | |
| sheets or fraction thereof. See 3 | | | | | | | | | | | | | |
| <u>Total Sheets</u> <u>Extra Shee</u> | | ach additiona | | | | <u>Fee</u> | <u>Paid (\$)</u> | | | | | | |
| - 100 = | /50 = | (round t | p to a whole | e number) | x = | - | | | | | | | |
| 4. OTHER FEE(S) | 0.6/ | T. 0 | | | | <u>Fees</u> | Paid (\$) | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | |
| la . I\ // /aa. | Telephone (703) 205-8000 | | | | | | | | | | | | |
| Signature | | Registrat (Attorney | | 32,881 | Telephone | (703) 20 | 5-8000 | | | | | | |